

~~SECRET~~

## FOREIGN DUTY DATA SHEET

1. NAME		2. DATE	
3. DESTINATION		4. ANNUAL SALARY	5. CAF
6. SALARY (estimated four weeks')			
a. Gross salary — — — — —		\$ —————	
b. _____ % foreign post differential (subject to change) — — — — —		\$ —————	
c. Tax withheld in the U.S. — — — — —		—————	
d. Retirement deductions withheld in the U.S. — — — — —		—————	
e. Insurance withheld in the U.S. — — — — —		—————	
f. Hospitalization deductions withheld in the U.S. — — — — —		—————	
g. Other — — — — —		\$ —————	
		NET SALARY (four weeks') \$ —————	
7. ALLOWANCES (estimated four weeks')			
CURRENT MAXIMUM RATE AUTHORIZED		ANNUAL	
a. Quarters — — — — —		\$ —————	
b. Post — — — — —		—————	
c. Additional dependency — — — — —		—————	
d. Other — — — — —		\$ —————	
		TOTAL ESTIMATED NET SALARY AND ALLOWANCES (four weeks') \$ —————	
8. LEAVE BALANCE		9. CLASS. OF ASSIGNMENT (check one)	
DATE	ANNUAL (hrs)	SICK (hrs)	
			<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
10. DEPENDENCY STATUS			
<input type="checkbox"/> Married with dependents at post		<input type="checkbox"/> Married without dependents at post	
<input type="checkbox"/> Single with dependents at post		<input type="checkbox"/> Single without dependents at post	
11. REMARKS:			
12. I hereby direct that, in accordance with existing payroll procedures, U.S. \$ _____ or its equivalent in foreign currency, be paid to me at my official station. The balance of my total estimated four weeks' net salary and allowances is to be mailed to my allottee as indicated under item 14, below. I further direct that all adjustments in salary and/or allowances be made in those sums being forwarded to my U.S. allottee.			
13. OVERSEAS PAYMENT TO BEGIN WITH:			
Payroll period _____ Through _____			
14. U.S. ALLOTTEE INSTRUCTIONS—Mail or deliver four weeks' check to:			
NAME (as it should appear on check)		NAME OF BANK	
		ADDRESS OF BANK (Street and No.) (City) (State)	

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C L A I M   F O R   T E M P O R A R Y   L O D G I N G S

I certify that during the period \_\_\_\_\_ 195\_\_ thru  
\_\_\_\_\_ 195\_\_ temporary lodgings were occupied at \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ It  
(address) (station)

is requested that payment be made to me in accordance with the rates  
established by Standardized Allowance Regulations, based on the following:

_____ Employee . . . . .	@ \$ _____	per day
_____ Wife . . . . .	@ \$ _____	per day
_____ Children over 11 years . . . . .	@ \$ _____	per day
_____ Children 11 years or under . . . . .	@ \$ _____	per day

Total \$ \_\_\_\_\_ per day

\_\_\_\_\_ days at \$ \_\_\_\_\_ per day - TOTAL CLAIMED \$ \_\_\_\_\_

I certify that I have not been nor will I be reimbursed for this expense  
from any other sources, Government or private; and that this voucher and  
attachments, if any, are true and correct in all respects.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

APPROVED:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Station

R E C E I P T

PAYMENT RECEIVED IN THE AMOUNT OF \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature